

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/674559 FILING DATE

APPLICANT(S)

BEST AVAILABLE C

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	3					
5	3					
6	8					
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50						
TOTAL IND.	3					
TOTAL DEP.	18	↔	↔	↔		
TOTAL CLAIMS	21					

TOTAL IND.		↓		↓	
TOTAL DEP.		↔		↔	↔
TOTAL CLAIMS		↔		↔	↔